

Will atypical antipsychotic medications make people biologically more vulnerable for psychosis?

Here's the evidence regarding this question. Both atypical and standard antipsychotics block dopamine receptors in the brain, and in response, the density of dopamine receptors increases, and to a level that is abnormal. The brain is now thought to be "supersensitive" to dopamine, and that makes a person more biologically vulnerable to psychosis than he or she normally would be, and at particular risk of psychosis should he or she go off the drugs. (It sounds contradictory, but the problem is that once you get the extra dopamine receptors, if you then remove the drug abruptly, the dopamine system is quite out of balance and that can lead to psychosis. That is why people who go abruptly off the drugs have such high relapse rates.)

This same problem is seen with the atypicals.

Now, that doesn't say that all people who are on atypicals will see their psychosis get worse. Clearly, many people are on the drugs and not psychotic. So it's more of an extra vulnerability caused by the drugs. MRI research that was done at the University of Pittsburgh in the 1990s also found that antipsychotic drugs caused changes in the brain associated with a worsening of psychotic symptoms, and so there is that evidence as well.

I don't know if you are taking antipsychotic medications, but if you are, I'm sure you know that going off the drugs can be very difficult and perilous (because of the drug-induced changes noted above.) So please do not use this email as a reason to go off such drugs if perhaps you are taking them. I am just answering your question to tell you what the science says, and not to give any advice about what one should do.

Regards,

Bob Whitaker